

| Substitute for form 1449/PTO (Revised 04/2003) INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i> | | | | Complete if Known | | |
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| | | | | Application Number | | |
| | | | | Filing Date | | |
| | | | | First Named Inventor | | |
| | | | | Group Art Unit | | |
| | | | | Concurrently Herewith | | |
| | | | | Harris | | |
| | | | | Examiner Name | | |
| Sheet 1 of 4 | | | | Attorney Docket Number 034848/268046 | | |
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